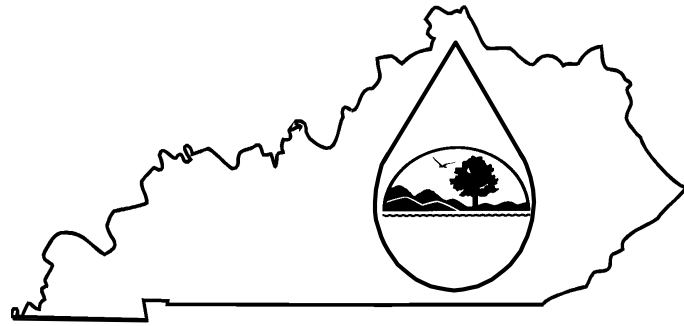


# KPDES FORM NOI-GWT



## Kentucky Pollutant Discharge Elimination System

Permit No. KYG910000  
General Permit for Discharges of Treated  
Groundwater Associated With Remediation  
Activities Involving Gasoline and/or Diesel Fuel

### NOTICE OF INTENT (NOI) TEMPORARY DISCHARGE ACTIVITIES

#### AGENCY USE

COUNTY		ERT #:		UST ID#:	
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NOTE: This Notice of Intent applies only to the following ancillary discharges associated with groundwater remediation activities:

- Underground storage tank (UST) pit dewaterings.
- Treated water from monitoring wells.
- Pump test (e.g., aquifer yield test) discharges which occur for less than four (4) months.
- Hydrostatic tank test discharges.
- Other ancillary discharges associated with remediation activities (e.g., cleaning of equipment utilized during drilling activities.)

Authorization of groundwater remediation pump and treat discharges requires submittal of Form NOI-GW, "Notice of Intent for Pump and Treat Activities" (see Fact Sheet, Page 2, Part 2.A regarding requirements for groundwater remediation pump and treat discharges).

#### I. CONDITIONS FOR APPROVAL OF TEMPORARY DISCHARGE

**NOTE: The Division of Water Regional Office responsible for the County in which the discharge will occur must receive this Notice of Intent at least two (2) working days in advance of the intended discharge date (see Regional Office/County Assignments listing attached).**

- The preferred discharge point is to a sanitary sewer, with prior community approval.
- If sanitary sewers are not available, then discharge to storm sewers, or to natural drainage ways is acceptable. Approval must be obtained from the appropriate authority prior to discharge.
- All discharges are to be controlled to avoid silt/erosion problems.
- The untreated water must be sampled and tested, with analytical results included with this Notice of Intent (see Item V.A).
- The discharge is to be sampled at startup, midpoint and end. Effluent monitoring results, along with the total volume of water treated and discharged, are to be provided to the applicable Division of Water Regional Office within 30 days of the discharge (see Item V.B).
- This authorization to discharge represents a conditional one time discharge approval. Any subsequent discharges will require separate authorization.

<b>II. FACILITY LOCATION AND CONTACT INFORMATION</b>			
<b>A. Name and Address of Facility Requesting Authorization to Discharge</b>			
Official Name:			
Address:			
City/State/Zip:			
<b>B. Location of Facility Being Remediated</b>			
Facility Name:			
Street Address:			
City/State/Zip Code:			
County:		Telephone Number:	
<b>C. Facility Contact</b>			
Name/Title:			
Company Name:			
Telephone Number:			

<b>III. DESCRIPTION OF DISCHARGES(S)</b>
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A. Specify the nature of the temporary discharge:

- ☐ UST pit dewatering.  
☐ Treated water from monitoring well.  
☐ Pump test (e.g., aquifer yield test) discharge occurring for less than four (4) months.  
☐ Hydrostatic tank test discharge.  
☐ Other ancillary discharge. Specify:

<b>B. Provide information regarding the temporary discharge point.</b>							
Total Discharge Flow (gallons or gallons per day)	LATITUDE			LONGITUDE			Name of Receiving Waters(s)*
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	

\* Attach a US Geological Survey 7.5 minute quadrangle map with the temporary discharge point clearly marked (if discharge is to a ditch or storm sewer, indicate the discharge pathway from the ditch or storm sewer to the ultimate receiving water.)

#### IV. DESCRIPTION OF TREATMENT SYSTEM COMPONENTS

A. Check the applicable components being utilized for groundwater treatment:

- ☐ Oil/Water Separator
- ☐ Diffused Aeration
- ☐ Air Stripper
- ☐ Activated Carbon
- ☐ Other (specify) :

#### V. REQUIRED MONITORING/REPORTING

A. Preliminary analytical results

Attach analytical results for the water to be treated and discharged. Sampling and testing must be in accordance with EPA approved methods. Applicable parameters to be sampled and reported are shown on pages I-4 through I-6 of the General Permit (see pages attached).

B. Effluent analytical results

The discharge is to be sampled at startup, midpoint and end, for the same parameters as Item A above. Effluent monitoring results, along with the total volume of water treated and discharged, are to be provided to the applicable Division of Water Regional Office within 30 days of the discharge.

#### VI. WHERE TO SUBMIT

Signed copies of this form must be faxed or mailed to the **Division of Water Regional Office** responsible for the County in which the discharge will occur (see Regional Office/County Assignments listing attached).

#### VII. CERTIFICATION

I certify under penalty of law that I have personally examined and I am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (Please type or print)	TITLE
SIGNATURE	DATE/TIME

AGENCY USE			
APPROVED BY:		DATE/TIME:	
DATE OF RECEIPT OF ITEM V.B. EFFLUENT ANALYTICAL RESULTS:			